

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 Film G312 5/16/62

05036

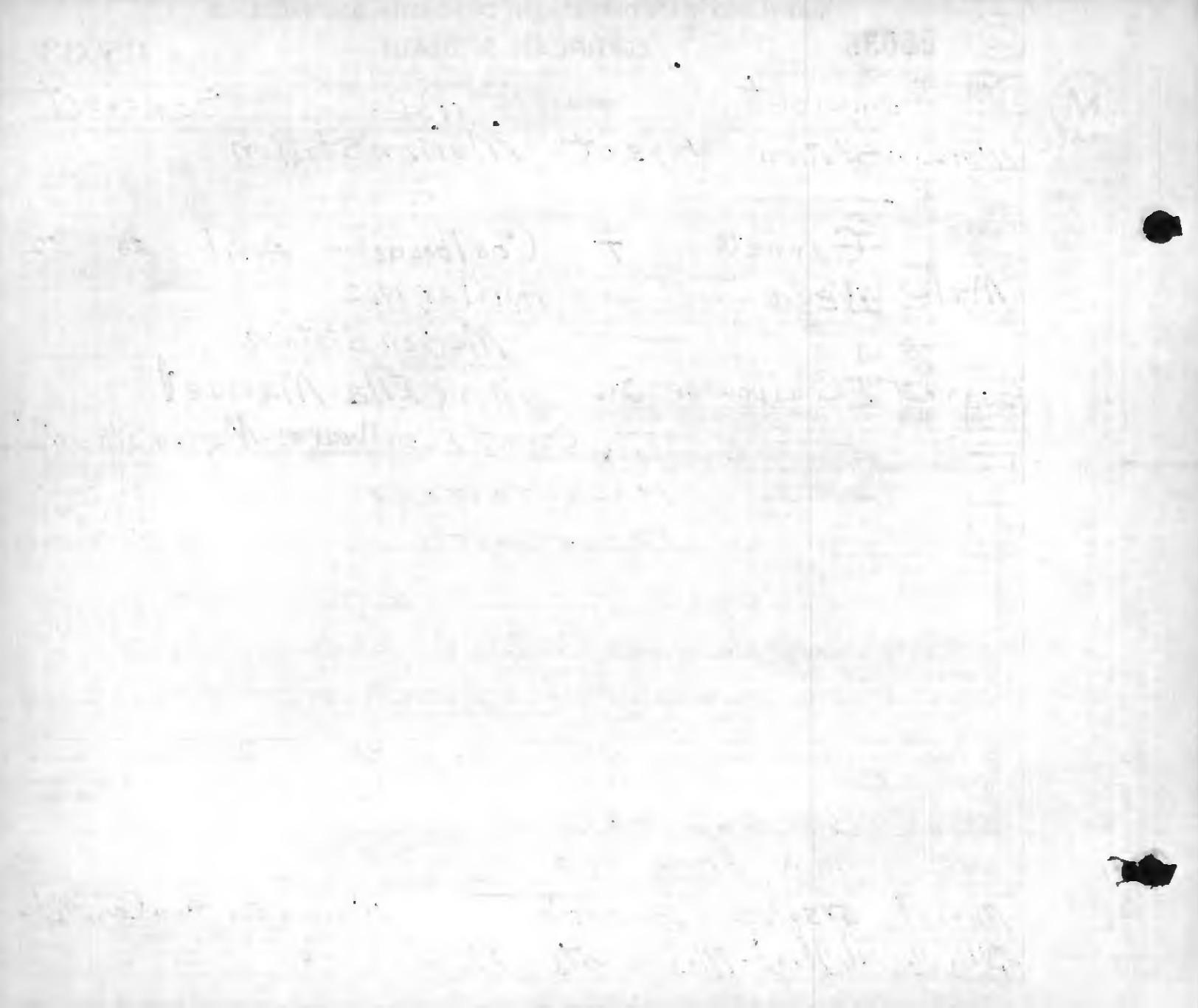
CERTIFICATE OF DEATH

Reg. Dist. No. 05033

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
to be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <u>Somerset</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Md.</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u>		c. LENGTH OF STAY IN lb <u>Infant</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u>	
3. NAME OF DECEASED (Type or print) <u>Garnett</u>		4. DATE OF DEATH First <u>T</u> Middle <u>T</u> Last <u>Coulbourne</u> Month <u>April</u> Day <u>28</u> Year <u>1962</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 28, 1962</u>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) yrs. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Marion Station</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Garnett T. Coulbourne Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ella Manuel</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <input type="checkbox"/> (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____ INFORMANT <u>Garnett T. Coulbourne - Marion Sta., Md.</u> Address _____	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>772.5</u>		<u>30 MIN.</u>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>MALNUTRITION</u>		<u>6 1/2 MO.</u>	
(c) <u>PREMATURITY</u>		<u>PREGNANCY</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m. _____		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <u>Marion Sta.</u> (County) <u>Som. Co.</u> (State) <u>Md.</u>	
21. I certify that I attended the deceased from <u>4/30</u> , 19 <u>62</u> , to <u>4/28</u> , 19 <u>62</u> , that I last saw the deceased alive on <u>4/28</u> , 19 <u>62</u> , and that death occurred at <u>1-2 P.M.</u> from the causes and on the date stated above.		ADDRESS (Street, city or town, state) _____ DATE SIGNED _____	
ACTUAL SIGNATURE <u>A. N. Barr, M.D.</u>		PHYSICIAN'S NAME (Type) <u>A. N. BARR, M.D.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>4/30/62</u>	
22c. NAME OF CEMETERY OR CREMATORIAL <u>Branch</u>		22d. LOCATION (City, town, or county) <u>Marion Sta., Som. Co., Md.</u> (State) <u>Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Hard - Marion Sta., Md.</u>		ADDRESS <u>3-056901</u>	
24a. REC'D BY REGISTRAR <u>MAY 4 '62</u>		DATE	
24b. REGISTRAR'S SIGNATURE <u>Charles H. Hard</u>			



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FOR STATE
HEALTH DEPT.

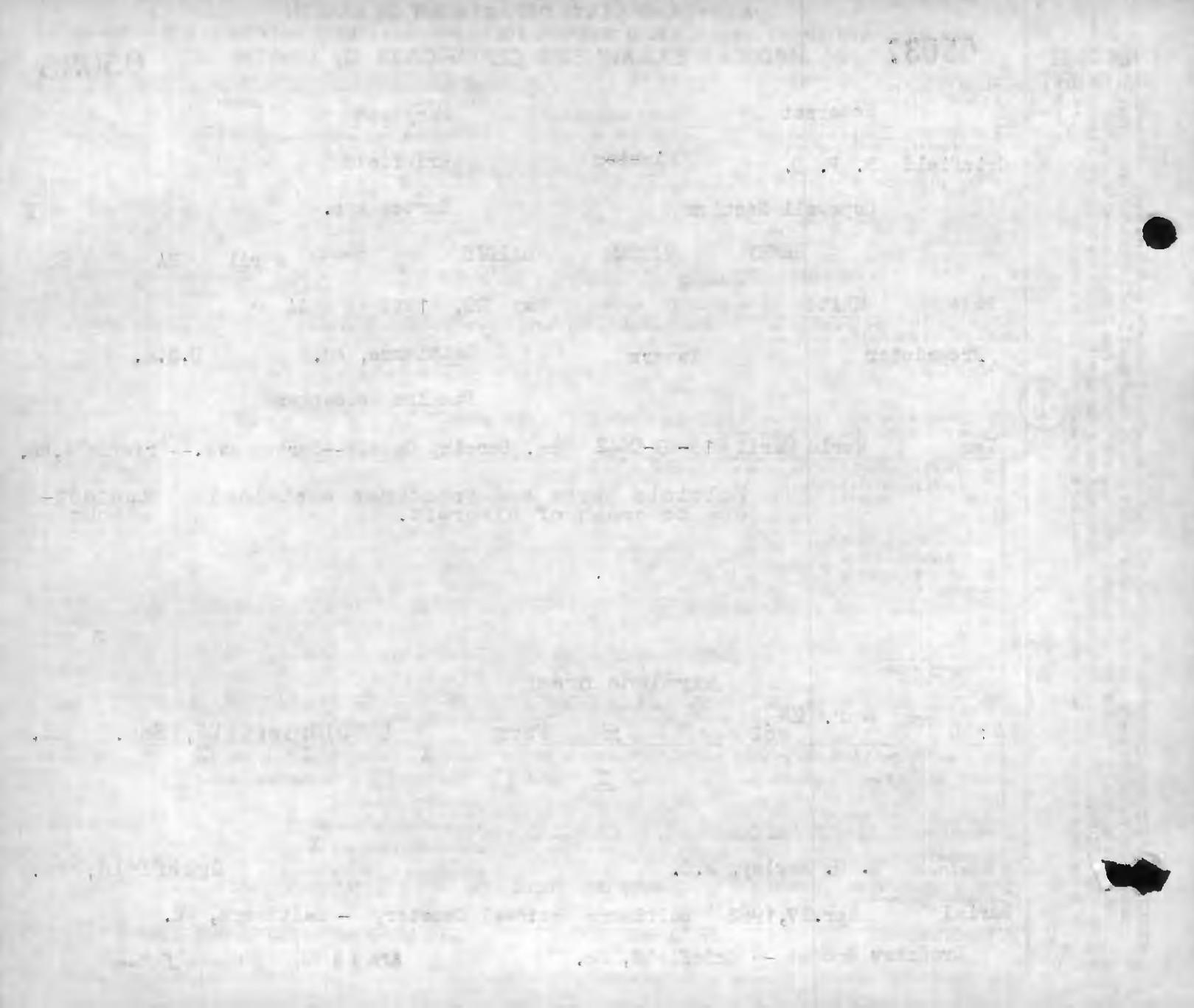
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05037

05035

TO DIVISION OF MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. STATE	
Somerset		Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb Minutes	
Crisfield R. F. D.		39	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
Hopewell Section		Burton Ave.	
3. NAME OF DECEASED (Type or print)		First	Middle
		HENRY	VICTOR
4. DATE OF DEATH		Month	Day
May 20, 1917		April	24
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
Male		White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Deys
		44 yrs.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Proprietor		Tavern	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Baltimore, Md.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Pauline Redowskas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> If yes, give war or date of service		16. SOCIAL SECURITY NO.	
Yes World War II		215-03-0042 Mrs. Dorothy Gaidis--Burton Ave.--Crisfield, Md.	
17. INFORMANT		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 866X Conditions, if any, which give rise to immediate cause (a), stating the underlying cause last, } (b) DUE TO (c)		Multiple burns and fractures sustained due to crash of aircraft.	
instant- aneous			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20e. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Airplane crash	
20c. TIME OF INJURY Month, Day, Year Hour XX. Apr. 24 4:00 p.m. 1962		20d. INJURY OCCURRED While Not While at work <input type="checkbox"/> at work <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (RFD) Crisfield, Som. Md.	
20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE C. G. Rawley.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> Address (Street, city, town, or county) Crisfield, Md.	
EXAMINER'S NAME (Type) C. G. Rawley, M.D.		DATE SIGNED April 25, 1962	
22e. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Apr. 27, 1962	
22c. NAME OF CEMETERY OR CREMATORIAL Baltimore National Cemetery - Baltimore, Md.		22d. LOCATION (City, town, or country) (State)	
23. FUNERAL DIRECTOR Bradshaw & Sons -- Crisfield, Md.		ADDRESS	
		24e. REC'D BY REGISTRAR APB 30 '62	
		24b. REGISTRAR'S SIGNATURE Arthur S. Krause	



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FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05038

05036

1. PLACE OF DEATH
a. COUNTY

Somerset

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Crisfield

c. LENGTH OF STAY IN lb

Lifetime

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

155 S. 4th Street

First

Middle

3. NAME OF
DECEASED
(Type or print)

Geremia

Elizabeth

Horsey

5. SEX

6. COLOR OR RACE

Female

Negro

7. MARRIED NEVER MARRIED

WIDOWED

DIVORCED

B. DATE OF BIRTH

Mar. 13, 1902

9. AGE (in years
last birthday)

60

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Seafood

11. BIRTHPLACE (State or foreign country)

Hopewell, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick Horsey

14. MOTHER'S MAIDEN NAME

Isabela Sutton

Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give rank or date of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

213-10-2362 Mabel Horsey

Crisfield, Md.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (a)

331 X

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

2 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?

YES NO

20a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour e.m.
p.m. 19

20d. INJURY OCCURRED
While Not While
at work at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
death resulted from: Natural causes Accident Suicide Homicide Undetermined manner

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

Apr. 4, 1962

Crisfield, Md.

Address (Street, city, town, or county) (State)

22e. BURIAL, CREMATION,
REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORI

22d. LOCATION (City, town, or country)

(State)

Burial

Apr. 5, '62 Asbury Cemetery

Crisfield

Md.

23. FUNERAL DIRECTOR

Anthony E. Ward

ADDRESS

Crisfield, Md.

24a. REC'D BY REGISTRAR

DATE APR 9 '62

REGISTRAR'S SIGNATURE

Arthur S. Kline

TO
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

5 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and an event within 72 hours after death.

X

I am

Health or its designated agent, prior to burial, cremation, or removal, and an event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05039

CERTIFICATE OF DEATH

05037

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. If you are unable to do so, you may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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1. PLACE OF DEATH

a. COUNTY

SOMERSET

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CRISFIELD

c. LENGTH OF STAY IN lb

82 YRS.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

EDW. W. McCREADY MEMO. HOSPITAL

3. NAME OF
DECEASED
(Type or print)

First JULIA

Middle

Last HOWARD

4. DATE
OF
DEATH

APRIL

17

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. MARRIED

NEVER MARRIED

8. DATE OF BIRTH

JAN. 25, 1880

9. AGE (In years if under 1 year
last birthday)

82 yrs.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (County & State, or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

ANDREW RIGGIN

14. MOTHER'S MAIDEN NAME

SARAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give rank or dates of service)

No

16. SOCIAL SECURITY NO.

unknow

17. INFORMANT

ALDEN HOWARD,

Address

CRISFIELD, MARYLAND

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

260

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

Diabetes Mellitus -

INTERVAL BETWEEN
ONSET AND DEATH

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

19

20d. INJURY OCCURRED

While Not While
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from..... 19....., that (I) (we) last
saw the deceased alive on..... 4-17-62, and that death occurred at..... 17:45 AM..... M, from the causes and on the date stated above.

22a. SIGNATURE

C. G. Rawley

M.D.

ATTENDING
PHYS.
MED.
DIRECTOR
STAFF
PHYS.
22b. DATE
SIGNED
4/18/6222c. PHYSICIAN'S
NAME (Type)

C. G. RAWLEY, M.D.

22d. ADDRESS

CRISFIELD, MARYLAND

23a. BURIAL, CREMATION, REMOVAL
(Specify)

Burial

4-19-62

23b. DATE THEREOF

Cremated

23c. NAME OF CEMETERY OR CREMATORIUM

Crisfield

(State)

24. FUNERAL DIRECTOR'S SIGNATURE

L. S. Rawley

Signature _____

Address _____

REC'D BY REGISTRAR

APR 23 '62

25b. REGISTRAR'S SIGNATURE

Arthur S. Knott

980-1

93020

MARYLAND STATE DEPARTMENT OF HEALTH
 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05041

05039

1. PLACE OF DEATH a. COUNTY Somerset		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN lb Lifetime		2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE Maryland		b. COUNTY Somerset		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cove Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) WELDON HOLLAND MASSEY, SR.		First	Middle	Last	4. DATE OF DEATH Month April	Day 4	Year 1962			
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 17, 1900	9. AGE (In years last birthday) 61 yrs.	10. IF UNDER 1 YEAR Months 0	Days 0	11. IF UNDER 24 HRS Hours 0	Min 0		
10a. USA: OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer		10b. KIND OF BUSINESS OR INDUSTRY New & Used Cars		11. BIRTHPLACE (State or foreign country) R.F.D. Marion, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME George H. Massey		14. MOTHER'S MAIDEN NAME Julia Evans								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO 214-32-6665		17. INFORMANT Mrs. Crystal Massey--Cove St.--Crisfield, Md.		Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		Coronary infarction with acute dilatation of heart. Angina								
		DUE TO (b)		Coronary artery disease						
		DUE TO (c)		Arterial fibrosis						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)								
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Name, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)				
21. I certify that (I) attended attended the deceased from April 19 60 to April 19 62 that (I) saw last saw the deceased alive on April 4, 1962 and that death occurred 3:15 PM from the causes and on the date stated above.										
22a. SIGNATURE George C. Coulbeurn		22b. SIGNED M.D. ATTENDING PHYS <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS <input type="checkbox"/>								
22c. PHYSICIAN'S NAME (Type) George C. Coulbeurn, M.D.		22d. ADDRESS Marion Station, Md.								
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE THEREOF Apr. 7, 1962		23c. NAME OF CEMETERY OR CREMATORIUM St. Paul's Cemetery		23d. LOCATION (City, town, or county) Marion, Maryland (State)				
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		ADDRESS		25a. REC'D BY REGISTRAR DATE APR 12 '62		25b. REGISTRAR'S SIGNATURE Anthony S. Thomas				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05042

CERTIFICATE OF DEATH

Reg. Dist. No. 05040

1. PLACE OF DEATH o COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. STATE Maryland		b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Crisfield		c. LENGTH OF STAY IN lb life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Crisfield		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First Columbus	Middle 	Last Morgan	4. DATE OF DEATH April 12 1962	Month	Day	Year	
5. SEX male		6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH Mar. 15, 1895	9. AGE (In years lost birthday) 67 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours	Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Griver		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryla nd		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Columbus Morgan		14. MOTHER'S MAIDEN NAME Cecile Swift							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Katie Morgan; RFD. Crisfield, Md.		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3 Central Hemorrhage. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. Generalized Arteriosclerosis		DUE TO (b)		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH few months known 9 year			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Inattention and Conciation						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)
21. I certify that I attended the deceased from 11/24 , 19 53 , to 4/12 , 19 62 , that I last saw the deceased alive on 3/29 , 19 62 , and that death occurred at 2nd flr. M. from the causes and on the date stated above. ACTUAL SIGNATURE A. N. Barr, M.D. M.D. Crisfield, Md.						ADDRESS (Street, city or town, state) 4/14/62 DATE SIGNED			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/14/62		22c. NAME OF CEMETERY OR CREMATORIAL Mariners Cemetery		22d. LOCATION (City, town, or county) Crisfield, Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE James W. Kunkel		ADDRESS Crisfield, Md.		24a. REC'D BY REGISTRAR APR 23 '62		24b. REGISTRAR'S SIGNATURE J. S. Thorne			



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

**MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND**

05043

CERTIFICATE OF DEATH

05041

1. PLACE OF DEATH

a. COUNTY

SOMERSET

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

CRISFIELD

c. LENGTH OF STAY IN lb

1 day

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

EDW. W. McCREADY MEMO. HOSP.

3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

ROLAND

LEE

PARKS

4. DATE
OF
DEATH

APRIL

23

19 62

5. SEX

MALE

WHITE

6. COLOR OR RACE

WIDOWED

DIVORCED

7. MARRIED

NEVER MARRIED

8. DATE OF BIRTH

Jan. 7, 1903

9. AGE (in years
last birthday)

59

yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

General Merchandise

11. BIRTHPLACE (County & State, or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY PARKS

14. MOTHER'S MAIDEN NAME

BETTY ANNE PRUITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or date of service)

No

16. SOCIAL SECURITY NO.

227-03-3862

17. INFORMANT

William M. Parks, Tangier, Va.

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

420
Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

40 hrs

DUE TO

(b)

DUE TO

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED?

YES NO

20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year

Hour

e.m. p.m.

White

Not White

at work

at work

at work

at work

20f. (City or town)

(County)

(State)

19

21. I certify that (I) (this hospital) attended the deceased from.....

1956 9:19 10:42 3:55 PM 4-23-62 19....., that (I) (we) last saw the deceased alive on..... 4-23-62 19....., and that death occurred at..... M, from the causes and on the date stated above.

22e. SIGNATURE

Rawley.

M.D.

M.D.

ATTENDING
PHYS.

MED.
DIRECTOR

STAFF
PHYS.

22b. DATE
SIGNED

4-24-62

22c. PHYSICIAN'S
NAME (Type)

C. G. RAWLEY, M.D.

22d. ADDRESS

CRISFIELD, MARYLAND

23e. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE THEREOF

4/27/62

23c. NAME OF CEMETERY OR CREMATORIUM

Wheatley Cemetery

23d. LOCATION (City, town or county)

Tangier, Va.

(State)

24 FUNERAL DIRECTOR'S SIGNATURE

Bradshaw & Sons, Crisfield, Maryland

25a. REC'D BY REGISTRAR

MR 80 '62
DATE

25b. REGISTRAR'S SIGNATURE

Arthur S. Rawley

RECEIVED

AT THE LIBRARY

6/20/20

M

LIBRARY

6/20/20

BOOK

RECEIVED IN LIBRARY

6/20/20

BOOK RECEIVED

RECEIVED IN LIBRARY 6/20/20

6/20/20

BOOK RECEIVED

6/20/20

RECEIVED IN LIBRARY 6/20/20

6/20/20

FOR STATE
HEALTH DEPT.

TO MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, if any delay is necessary. Please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event, within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05044

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05042

1. PLACE OF DEATH
e. COUNTY

Somerset

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Crisfield

c. LENGTH OF STAY IN lb

Minutes

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Hopewell Section

3. NAME OF
DECEASED
(Type or print)

First
EDWIN

Middle
COULBOURN

Last
STERLING

4. DATE
OF
DEATH
April 24
Month
Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED

WIDOWED DIVORCED

8. DATE OF BIRTH

Sept. 29, 1939

9. AGE (In years
last birthday)

22
yrs.

IF UNDER 1 YEAR

Months
Days

IF UNDER 24 HRS.

Hours
Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Construction, Marine

10b. KIND OF BUSINESS OR INDUSTRY

Chris Craft Corp.

11. BIRTHPLACE (State or foreign country)

Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James T. Sterling, Sr.

14. MOTHER'S MAIDEN NAME

Lillian Armstead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give rank and date of service)

No

16. SOCIAL SECURITY NO.

Mrs. Linda Laird Sterling—Crisfield, Md.

Address

17. INFORMANT

Mrs. Linda Laird Sterling—Crisfield, Md.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple burns and fractures sustained
due to crash of aircraft.

INTERVAL BETWEEN
ONSET AND DEATH
instantaneous

Conditions, If any, which
gave rise to immediate cause

(a), stating the underlying
cause last.

(b)

DUE TO

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?

YES

NO

20e. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.

2db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Airplane crash

20c. TIME OF INJURY
Month, Day, Year
Hour Apr. 24
4:00 p.m. 1962

20d. INJURY OCCURRED
While Not While
at work at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town) (County) (State)
(RFD) Crisfield, Som. Md.

21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

ACTUAL
SIGNATURE

C. G. Rawley, M.D.

April 25-62
Crisfield, Md.

EXAMINER'S
NAME (Type)

C. G. Rawley, M.D.

BURIAL, CREMATION,
REMOVAL (Specify)

Burial Apr. 26, 1962

22b. DATE THEREOF

Sunnyridge Cemetery

22c. NAME OF CEMETERY OR CREMATORIUM

22d. LOCATION (City, town, or county)

Crisfield, Md.

(State)

23. FUNERAL DIRECTOR

Bradshaw & Sons—Crisfield, Md.

ADDRESS

24e. REC'D BY REGISTRAR

DATE APR 30 '62

24b. REGISTRAR'S SIGNATURE

Rawley, M.D.

50/447

TELEGRAMS TO THE UNITED STATES GOVERNMENT

RECEIVED

M